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Original Communications.

CASE OF NASO-PHARYNGEAL POLYPUS AND OF TUMOR OF PAROTID, WITH REMARKS ON THEIR MINUTE ANATOMY.

By J. COLLINS WARREN, M.D., Boston. Read before the Society of Medical Sciences, June 8th, 1871.*

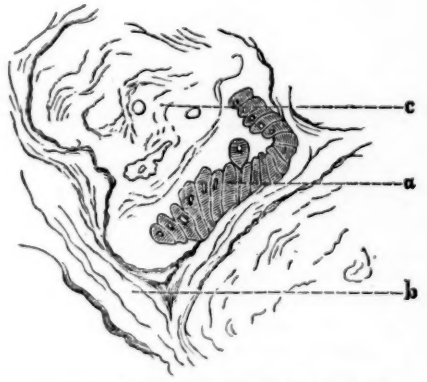
THE following cases are presented to the notice of the Society as examples of certain classes of new formations which exhibit the peculiarities of adenoma and carcinoma combined to such an extent as to make it frequently difficult to decide to which class of growths they belong.

Histologically, they present, at certain points, a strong resemblance to glandular growths, while at others we find appearances suggestive of cancer. Clinically, most of these growths may, in general, be said to be semi-malignant.

The first case is that of a naso-pharyngeal polypus in a young man æt. 26. According to the records of the Massachusetts General Hospital, he entered there in April, 1869, for the first time for operation. He had, however, been operated upon about four years before, when a small, soft tumor was removed by the knife. At the time of entrance, the tumor was the size of a pigeon's egg, on the left side of the nose, displacing the eye, and disfiguring the face considerably. There existed a purulent discharge from the inner angle of the eye through a minute opening over the tumor. There was no pain. The record continues. "April 13.—Operation by Dr. H. G. Clark. An incision was made over left side of nose, through the middle of lip. The parts reflected disclosed a soft, grayish-looking mass, which filled both nasal cavities, and extended backwards so as to be felt through the soft palate. Was scooped out with the finger, and did not appear to be attached to the bone, although the bone was a little rough and was chiselled." April 22, discharged, well.

In March, 1871, he returned. "The tumor began to return two months after operation, and now fills the whole naso-pharyngeal cavity, pressing the soft palate downwards. It projects through an opening in left side of nose, and partly covers the left eye, which whole organ is removed from its position by pressure. An incision was made in the old cicatrix, and the growth, which presented *in situ* a soft, gelatinous appearance and pinkish color, was cleansed out as thoroughly as possible from the nasal cavity." The wound healed readily, and he left the hospital April 19th.

FIG. 1.



a. Cylinder epithelium lining walls of alveoli.
b. Fibrous stroma.
c. Gelatinous substance filling alveoli.

The masses removed appeared like soft jelly. They were nodulated in the surface, and suggested, at points, a papillary form of growth. The base was attached to two or three fragments of bone, apparently the turbinated. An examination in the fresh state showed the presence of a jelly-like material coagulating with acetic acid, and tubes of cylinder epithelium. After hardening in chromic acid and preservation in alcohol, the cut surface showed to the naked eye that the mass of the tumor consisted of this soft material, which was supported in a coarse network of fibrous tissue. Thin sections, examined under the microscope in glycerine, showed the tumor to be made up of a fibrous stroma surrounding alveoli, which were lined with cylinder epithelium,

* See JOURNAL of August 17th.

and distended with gelatinous substance. The epithelium did not line all of the alveoli, in many instances being either partially or entirely wanting. At the surface, the epithelium had a tubular arrangement, presenting the appearance of follicles opening into the nasal cavity. The base of the growth was mostly fibrous. The appearance of the growth in section resembled somewhat that of colloid cancer, but the absence of any mucous degeneration of the stroma and the character and arrangement of the cells precluded the idea of any such form of disease.

The growth resembled rather a glandular structure, which one would more readily expect to meet with here. The presence of the gelatinous or mucous material found in its acini might be accounted for by an accumulation of retained glandular secretions. The departure from the normal gland type was too great, however. The irregularity of formation shown in the varying character of the alveoli, combined with the rapid growth and destructive character of the polyp, present peculiarities found only in a more malignant type of new formation.

According to Billroth, these cancers of the nose and antrum are developed from the gland acini of the mucous membrane. The newly-formed acini vary greatly in appearance, many closely resembling normal gland structures. If they secrete mucus which collects in them, we have the appearances found in the present case. The bones are destroyed, he says, as if by caries; we should say rather by pressure than by infiltration with cancer tissue. As in the present case, they generally break through the bones at the inner angle of the eye or some part of the cheek. Infection of the lymphatic glands and metastatic deposits in distant organs do not occur. The disease, however, generally returns, owing to the extreme difficulty of removing all the ramifications of the growth. Cornil and Ranvier place this disease under their "epitheliomes à cellules cylindriques." There are several points of interest illustrated by this specimen:—

1st. The occasional occurrence among naso-pharyngeal polypi of a variety which, though resembling others to the naked eye, differ microscopically and clinically, and are found to be malignant in character.

2d. This tumor represents the only form of cancer which we find occurring primarily in the nasal cavity and the antrum.

3d. This is a sample of carcinoma which is only locally malignant, and is never followed by deposits in the neighboring glands or in distant organs.

4th. The presence of large masses of mucus in the acini, obliterating in a great measure their epithelial lining and thereby masking their original anatomical character.

The second case is that of a tumor of the parotid, or rather near the parotid, in a man of 50. There had been a swelling in the right side of the neck for twenty-two years, but within a few months it had increased rapidly, and when removed had grown to the size of a goose-egg. The tumor, which was soft and encephaloid in appearance, was surrounded by a fibrous capsule which was quite adherent to the parts beneath. On removal, the parotid gland was found to be attached to the inner aspect of the tumor, but completely separated from it by the capsule. On cutting open the tumor it was found to be much broken up in the centre, owing, apparently, to the pressure exerted upon it during the operation. There were numerous small clots scattered about in different parts of the growth.

An examination in the fresh state of fragments picked to pieces showed the presence of polygonal, gland-like epithelium cells, with a pale, transparent body, and dark, sharply defined nucleus.

The specimen was then hardened in chromic acid and afterwards in alcohol, and sections were taken from the more intact portions at the periphery. The tumor was found to consist chiefly of cells similar to those described above, and exhibited a tendency to arrangement similar to that of the neighboring parotid—that is, they were inclosed in small acini surrounding a central cavity. The new cells were much larger, and the acini contained a greater number than in the normal gland. The central cavity was also greater and varied considerably in size and shape. This arrangement was not constant, for in the neighborhood were cells heaped together without order. This obtains chiefly in the centre of the mass, where the cells seem to have undergone inflammatory changes, being more granular, less distinct in outline and frequently quite broken up.

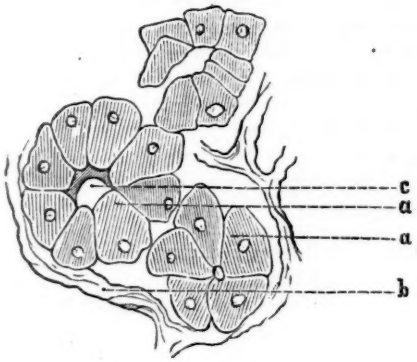
The cellular structure of the tumor is supported by a stroma which, towards the centre, is very scanty, but increases in amount as we approach the periphery.

The capsule is not separated by a sharply defined line from the neighboring cells, but sends out numerous trabeculæ which communicate with those of the fibrous stroma. In the peripheral portions the arrangement

is at times alveolar. The capsule, which at points is quite thick, is infiltrated by cylindrical masses of these cells, which ramify in manner frequently observed in certain kinds of cancer. The neighboring parotid was much flattened and atrophied. There was a larger amount of adipose tissue in it than one would expect to find.

The tendency of the new growth to imitate the adjoining gland, both in the character and arrangement of its cells, is shown well at the point from which the accompanying drawing is taken. We find, however, at other points a departure from the normal gland type—indeed, appearances which suggest a more malignant form of disease than simple adenoma.

FIG. 2.



a. New epithelial cells.
b. Stroma, somewhat alveolar.
c. Cavity of acinus.

That the disease was originally benign in character there can be little doubt, if we may judge by the clinical history. The sudden change in character—namely, its late rapid growth—seems to be explained by the microscopical appearances, which show a very decided modification of the gland type in the greater portion of the tumor.

Whether this change may be considered as a malignant or merely an inflammatory one, I think it is difficult to decide. It is very possible that we may have caught the disease at the period of transformation from a benign to a malignant character.

In its minute anatomy, this tumor differs totally from any tumor that I have examined, although to the naked eye it was not unlike certain soft enchondromas of this region. The majority of these tumors were either "mixed cartilaginous" or myxoma. One very malignant form of growth proved to be a sarcoma. I can find nowhere a minute description of a form of tumor similar to the one described.

Cornil and Ranvier, after speaking of adenoma of the breast, say:—"Other acinous glands can be the seat of analogous lesion, such as tumor of the parotid gland."

Rindfleisch, on the other hand, says:—"An adenoma of the salivary glands has never yet been described. He has seen a soft cancer of the parotid, which he considers a very rare form of growth. The description is, however, evidently that of a different kind of growth from the above. Billroth mentions cancer of the parotid, which is still a different growth, a variety which I hope to be able to refer to on some future occasion. Neither he nor Forster speak of adenoma of this organ.

There was nothing found, although a careful examination was made for the purpose, indicating a development of the newly formed epithelial cells from the parotid gland epithelium. The new growth was separated from the gland by a thick capsule, and nowhere could any communication between the new and the old cells be traced. It would seem probable that the new growth was developed from the connective tissue in the neighborhood of the parotid—a point of interest to those who believe in the development of epithelium from connective-tissue cells. Not less interesting is the resemblance of the new cells to the neighboring parotid epithelium, showing the influence which is exercised by normal epithelium over the form of epithelial cells originating in the neighborhood.

PROBABLE DISLOCATION OF A DORSAL VERTEBRA. RECOVERY.

By J. W. GROSVENOR, M.D., Lockport, N. Y.

WM. M., a large, strong, healthy man, 22 years of age, a teamster by occupation, on September 19th, 1870, while sitting on a load of wood, drove under a beam. His body was caught between the beam and the wood and was doubled together in front so that his chest was forcibly bent upon his abdomen.

Half an hour after the accident his extremities were cold, and pulse rather feeble; pain in back very intense. He was slightly stupid, but answered questions correctly. He had free use of his arms, could draw up legs slightly towards his body with considerable difficulty. Examination of the back revealed a large swelling over the whole region of the dorsal vertebræ. Firm pressure upon this swelling caused excessive pain.

Examination under chloroform disclosed

a dislocation of the spine in the dorsal region, probably dislocation posteriorly of the eighth dorsal vertebra. An attempt at reduction with the hands while the patient was under chloroform failed. Only a moderate amount of force was used. An application of equal parts of whiskey and water was made to the swelling upon the back and one-half grain doses of morphia, pro re nata, to relieve pain were ordered.

On the following day, the swelling had considerably subsided and legs could be moved with much more freedom. On the fourth day after the accident, patient had gained entire control of his lower extremities, but suffered considerable pain in them, especially in ankles. He was not able, however, to turn from side to side in bed without assistance. From the fourth to the eighth day patient was improving slowly in strength and appetite. On the ninth day, he could turn himself in bed without aid. Tenderness over the dislocation was slight, though considerable pain existed over all the lumbar region. Pulse was 84 and rather weak. Tongue was dry, glazed and red, without coating, an appearance it had exhibited since the second day after the injury.

Improvement continued to be gradual up to the nineteenth day, at which time patient became stupid, and mental aberration existed to some extent. Pupils appeared to be unnaturally enlarged; head quite hot; pulse 96 per minute. These last-mentioned symptoms continued two days, after which time progress towards recovery was steady and uninterrupted.

On the twenty-fifth day, patient was able to stand on his feet a few moments; on thirty-sixth day, could walk about his room a little; could not stand perfectly upright.

On May 2d, 1871, seven and one half months after the accident, I saw the patient and examined him. He was able to perform only light work at that time; carried a pail of water with some difficulty; assumed a slightly stooping posture when walking; very thin in flesh. The prominence on the back continued, apparently rising one inch and a half above the surface.

It is remarkable that a dislocation of the spine so complete should terminate in recovery. Seldom does such a severe dislocation of the spine occur without causing a larger amount of paralysis. In fact, it may almost be said that no paralysis whatever existed, for, half an hour after the accident, the patient had control over all his extremities; could move his legs in any direction, although very slowly and with great difficulty.

The treatment of this case and its termination in recovery show the appropriateness of the advice usually given in cases of dislocation of the spine, to observe a "masterly inactivity" and use no severe measures in attempting *reduction* unless the symptoms are urgent and threaten life.

The word probable is used at the head of this article because the diagnosis is a matter of some uncertainty, and will remain so until death permits an ocular examination. That either a dislocation or fracture or both occurred at the time of the accident is not a matter of doubt. A hard, bony tumor of the magnitude described suddenly appearing over the line of the spinal column, and caused by violence, points irresistibly to one or both of the results above mentioned. The nature of the accident favors the probability of a dislocation. The usual method of fracturing the spine is by the use of some powerful crushing force which acts directly upon the part fractured. In this case, the force was not applied directly to the injured part, but to the upper part of the spine.

Selected Papers.

THE THEORY OF DISINFECTANTS.*

By T. P. Blunt, M.A., F.C.S.

The light which has recently been thrown upon the nature of contagion and infection by the labors of Pasteur and others, the results of which have been ably summarized by the President of the British Association in his late inaugural address at Liverpool, seems to point the way to clearer and more comprehensive views than those commonly entertained at present regarding the operation of the substances known as disinfectants.

These may be divided into two classes:—1. Those which act by the oxidation and total destruction of the virus contained in infected matters, together with the foul gases which usually accompany it, and which are, in fact, nature's danger-signals of its presence. 2. Those substances which do not possess the active chemical properties of the first class, yet are proved by experience to have a similar power of arrest-

* Read before the Annual Meeting of the Shropshire Scientific Branch of the British Medical Association.

ing and checking the spread of infection. The latter are, for the most part, the more ancient and popular, having apparently in some cases been suggested by a just but unreasoning instinct. Thus we find that the use of sulphurous acid, as evolved from burning sulphur, dates even from Homeric days; while the burning of pitch and aromatic gums for disinfectant purposes has an origin at least equally remote.

An attempt will be made, in the course of the observations which follow, to bring the operation of the large majority of the latter class under a general law which shall furnish us with an explanation of their true character. This is especially desirable, since it is to be feared that, for want of such an explanation, many good and valuable disinfectants have been condemned by chemists, on theoretical grounds, as mere deodorizers—not assailing the virus of infected substances, but rather masking their poisonous character by precipitating their offensive gases. An objection to this view at once meets us, in the utter disproportion between the volume of the gases to be fixed and the quantity of salt practically found sufficient for the object required, while it breaks down altogether when applied to such disinfectants as the new "chlor-alum" or chloride of aluminium of Mr. John Gamgee, or the well-known carbolic acid. Before endeavoring to supply a more probable theory, it may be well to remind you that the researches already mentioned have established the fact that contagion and putrefaction, if not actually identical, are processes so closely allied that they require exactly similar conditions; the latter appearing to consist of a kind of disease propagated from particle to particle of a decomposing substance, and ending in its entire destruction. Hence it may be inferred with perfect safety, that any agent which arrests putrefaction is capable also of abolishing the properties of contagion and infection.

This conclusion at once puts into our hands a valuable instrument of research; for while it is difficult, and often impossible, to investigate directly the disinfectant action of a substance, the inquiry being surrounded by innumerable sources of error, the properties of an antiseptic are perfectly well defined and open to the clearest demonstration. Thus, in the case of the two bodies mentioned above, carbolic acid and chloride of aluminium, the antiseptic action of the first is well known, and has long been usefully applied; while that of the latter is maintained in the most positive manner by its introducer, Mr. John Gamgee, who certainly brings forward overwhelming proof of it in his recorded experiments upon meat and fish; and hence, on the ground given, we are justified in regarding these substances as good and useful disinfectants. It may be stated, in passing, that the deodorizing power which these and other similar bodies possess is probably due to their antiseptic action; the offensive gases of decomposition being sooner lost by diffusion, and their fresh production being entirely suspended.

Let us now proceed to a consideration of the origin of the remarkable properties which we have described. This appears to have been traced with some degree of probability, in the case of carbolic acid, by Dr. Joseph Hirsch, the writer of an article which appeared in the *Chemical News* about the end of February, 1869. He advances the bold and ingenious speculation, that the disinfectant action of that substance depends upon its power of coagulating albumen. He supposes that the acid finds its way into the minute organisms, which propagate disease by diffusion through their investing membrane; that it coagulates the albumen which they, in common with all germinal matter, contain as a necessary constituent; and thus practically destroys their vitality as perfectly as immersion in boiling water terminates that of an egg.

In order to test the accuracy of the view thus enunciated, I selected a substance of which the albumen-coagulating power was well known, and examined it with regard to its antiseptic and, therefore, disinfectant properties. The substance chosen was nitro-muriatic acid, which has long been in use as a test for albumen in urine. The experiments were conducted as follows:

1. Two samples of fresh healthy urine, passed at the same time, each measuring about one ounce, were placed side by side. To one of them six drops of strong nitro-muriatic acid were added. In a few days, the unacidified specimen was covered with a thick crust of mould; while that to which the acid had been added was unaltered, except by a slight darkening of color and deposition of crystals of uric acid.

2. Some fresh meat was pounded into an emulsion with water—the whole divided into two equal portions of about six drachms each. To one of them six drops of strong nitro-muriatic acid were added, as in the former case. In a day or two, the unacidified sample was quite putrid and offensive; while that to which the acid had been added retained the smell of fresh meat, and

continues to do so still, after the lapse of nearly a month.

I now proceeded to test some of the salts commonly used as disinfectants, with respect to their possession of this power of coagulating albumen. The examination was conducted thus: One part of the salt to be tested was dissolved in one thousand parts of distilled water, and the solution was mixed thoroughly with the fresh white of an egg. The salts examined were iron-alum, sesquichloride of iron, common alum, chloride of zinc and nitrate of lead. Coagulation followed immediately in every instance. In one or two cases the dilution was carried much further—one part of the salt to three or four thousand of water. Here, too, coagulation followed in one or two seconds.

It may be remarked, in passing, that the hæmostatic action of the iron-salts is probably to be attributed in great measure to this faculty of coagulating albumen, exercised upon the serum of the blood.

The attempt to obtain similar results from the sulphites entirely failed. They appeared, indeed, to retard coagulation by other reagents. The coagulating power of sulphurous acid was faint and ill defined.

If we review the evidence now before us, we shall find that it stands thus:—

We start with two assumptions—the first justified by recent research, the second borne out by analogy, viz., that infection results from the transference and development of minute germs; and that these germs contain albuminous matter as a necessary constituent, the coagulation of which terminates their existence. Upon these assumptions we frame our major premise—that "all coagulators of albumen are disinfectants;" and, having arrived at this result by a process of pure reasoning, we proceed to prove its truth by experiments upon the antiseptic, and so upon the disinfectant, properties of a well-known albumen-coagulator. Having thus established our fundamental proposition, we produce experimental proof of our minor premise—that "nearly all the substances to which popular experience has assigned the property of arresting the spread of infectious diseases, where that power is at present unexplained, are coagulators of albumen." The conclusion then necessarily follows, that these substances are disinfectants; and thus a vindication of their efficiency is furnished in those cases where it has been called in question by chemists on the ground that no sufficient explanation of their action has been offered.

The above conclusion does not apply to sulphurous acid and the sulphites. In their case, we must probably look for some more remote physiological effect upon germinal existence.

Note on the Use of Hydrochloric Acid as an Antiseptic.—It is probable that hydrochloric acid, which shares the properties attributed to nitro-hydrochloric acid in the foregoing remarks, will be found to be a valuable preservative of animal food. A piece of meat, immersed for fifteen minutes in a mixture of one part of the acid to three of water, remained entirely free from putrefactive change after nearly a fortnight, though the action of the acid was not sufficiently powerful to prevent the appearance of a small quantity of mould. The meat was then immersed in a dilute solution of carbonate of soda, and the superficially absorbed acid was thus converted into common salt. This reaction obviously gives hydrochloric acid a great advantage over other antiseptics, which introduce into the food a foreign substance, inimical by its very nature, in most cases, to the process of digestion.—*London Pharm. Journ.*, July 22, 1871, from *The British Med. Jour.*

A CASE OF CÆSAREAN OPERATION, SUCCESSFUL TO MOTHER AND CHILD.

By J. Walter Hill, M.D., of Edgefield, S. C.

On the 10th of October, 1869, I was called at night to Margaret Gray, a colored woman of pure race, about thirty years of age, married, five feet high, well formed, in good health, and in her second labor. She had been in labor fifteen hours, and informed me that twelve years previously she had a difficult labor, which lasted for six days. I was unable to learn the cause of the protracted labor, but upon examination the result was shown, in total destruction of the perineum, in contraction of the vagina to a degree which precluded a digital entrance, and by a firm, tense, unyielding membrane of cicatricial tissue, about one inch from the ostium vaginæ. Upon more careful exploration, I found an orifice in this cicatricial membrane which admitted a No. 10 bougie; an adhesion of the urethra half an inch from the meatus, which made it impervious, and prevented the introduction of the catheter, and in addition a vesico-vaginal fistula. There was no deformity of the pelvis. The woman stated that immediately following her last labor there had been a constant flow of urine, over which she had no control.

Finding that the mouth of the uterus could not be reached in the usual way, I made a rectal examination and found the head presenting. A cavity between the uterus and the cicatricial curtain closing the vagina at the external third, could be readily felt with the finger in the rectum. To enlarge the orifice in the false vaginal membrane was, in my opinion, the proper course; but wishing a consultation, which could not be obtained until morning, my patient was put under the influence of morphine and left for the night.

On the day following, at 11 o'clock, in consultation, it was agreed to make such enlargement as would permit a digital examination per vaginam. An incision was made through the membrane which easily admitted the index finger into the cavity beyond the obstruction, but the os uteri could not be found by myself, nor by the consulting physician. Under these conditions, the labor having now been in progress for twenty-eight hours without change, it was believed, from the condition of the parts and the contraction of the vagina, that delivery was impossible *per vias naturales*. In consultation, it was decided that the Cæsarean section should be performed.

Circumstances prevented my operating until 11 o'clock the next day, at which hour, the labor having not progressed further than the previous day, chloroform was administered and the operation for delivery was made in the following way: By a careful incision through the linea alba, commencing one inch below the umbilicus and ending two inches above the symphisis pubis, the abdominal cavity was exposed. The peritoneum was incised to the same extent as the external wound, and by cautious strokes of the knife the cavity of the uterus was entered through an opening sufficient for the extraction of the fœtus. There was no liquor amnii, and the left arm was found presenting directly in the line of incision; the child was removed without difficulty and cried vigorously. The placenta attached to the posterior portion of the fundus was immediately taken away, after the extraction of the child, and the hæmorrhage, which was considerable, forthwith ceased, under the ready and firm contraction of the uterus. The line of incision was brought together by seven deep interrupted sutures passed through the abdominal walls and the peritoneum. Long strips of adhesive plaster were placed between each suture, which still further approximated the deep as well as superficial part of the wound. The dressing was completed by applying a compress of carded cotton well saturated with carbolic acid and glycerine (one part of the former to eight of the latter), to the whole length of the wound.

The patient did not show by the pulse the effect of the hæmorrhage incidental to the incisions and the delivery of the fœtus and the placenta, so, possibly, there was not more blood lost than is usual in a natural labor. The chloroform acted most kindly, and after complete return to consciousness, a large dose of morphine was given, and several portions left with directions to my old nurse to keep the woman under the influence of the drug until I could again see her. The compress of cotton was left undisturbed, except that there was daily added as much of the carbolic mixture as it would take up, until the sixth day, when it was removed. Union by first intention had taken place to the whole extent of the incision, save half an inch at its lowest part, which readily healed in a few days. Under the moderate influence of morphine and light diet, my patient convalesced without an unfavorable symptom, and had recovered sufficiently to no longer need my services after the twelfth day succeeding the operation. The great success obtained was due to my good fortune in having a competent assistant, who, by placing his hands on either side of the line of incision, with the thumbs extending across the upper parts, kept the intestines well out of the way, and at the same time supported the uterus steadily while the incisions were being made, as well as during the delivery of the uterine contents.

It is now seventeen months since the mother was delivered. She has continued in good health, and attends to the rough duties of a laborer's household. The child is a well-formed, strong, vigorous boy, better grown than most children of his age.

Bibliographical Notices.

Cancer: Its Classification and Remedies. By J. W. Bright, M.D. Philadelphia: Published by S. W. Butler, M.D. 1871. Pp. 191.

In his introduction the author aims at giving such a classification as will remove the difficulty of having so many names for the same form of cancer. At the outset apparently deciding that cancer is a blood disease, he says, later, that the first step in a cancerous formation is "an exudation of

the peculiar blastema" from the bloodvessels, hence "the blood itself is in an abnormal state." Accepting the light furnished by modern pathology, our author states that "the filaments, cells and fluids which make up the tissues we call cancerous, originate in a coagulated exudation." Modern with him evidently refers to the blastema period, when the facile theory of spontaneous generation sufficed to account for the origin of the most heterogeneous growths.

He recognizes a scrofulous matter "composed chiefly of granules, hardly ever attaining to the cell stage of organization," and tubercle "is the form which scrofula ordinarily assumes in the internal organs." This latter "has no cells, except those which chance to remain in it from the undestroyed tissues into which it is infiltrated." Dr. Bright states that tuberculosis in the osseous system is a much rarer disease than observers are disposed to allow; our own experience would lead us to affirm, on the contrary, that it is much *more* frequent than observers are disposed to allow. Such is especially the case with miliary tuberculosis of the bones, which, like miliary tuberculosis of the liver, is much more frequently overlooked than observed. The highest diagnostic value is attributed to cancer cells, and the microscopic examination of the discharge from open sores will often clear up all doubts as to the cancerous nature of the disease. This assertion is entirely at variance with the present classification of cancer, which demands the structure to be made up of accumulations of cells of an epithelial character in alveoli surrounded by a stroma of connective tissue, the alveolar stroma being as necessary as the cellular accumulation is. Not only does Dr. Bright adhere to the specific cancer cell, but also to the characteristic cancer smell.

After fifty years of practical experience, he is convinced that during the first twenty-five years, when the knife was used in the treatment of cancer, not ten per cent. of his cases were cured. For the past twenty years, however, he has not lost ten per cent. of his cases, and has cured hundreds who have remained well for years. He has done this by taking "those remedies which have been in use, and so compounding them as to triple and quadruple their powers." Why is this done? "You might as well ask why combine charcoal, sulphur and nitre to make gunpowder. * * * Because a proper combination of them makes the object desired for the use for which it is intended." His ingredients "are all active medicines in and of themselves," and when so combined they obtain "not only power, but, if I may so say, an affinity for those morbid growths that we wish to destroy."

His potent remedies are four in number. No. 2 is a saturated solution of chloride of zinc; No. 4, arrows of chloride of zinc; No. 3 is as No. 1, carbolic acid being used instead of water. No. 1 is evidently the famous combination. "No. 1. Solid extract of podophyllum (the root), one part; pure chloride of zinc, three parts; starch, one fourth part; red saunders, one fourth part; water sufficient to form a thick paste. The object of the starch is to give tenacity to the paste, and the red saunders to give porosity, that the plaster may not run, and at the same time give porosity enough to let the full effect of the active particles pass to the sore, where they are rapidly absorbed."

The Teeth, and How to Save Them. By L. P. Meredith, M.D., D.D.S. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 271.

The author of this little book says, "it is with the intention of opening the doors of dental knowledge to the people" that he has been induced to place it before the public, in order that people generally may better appreciate the uses and abuses of dentistry. The object aimed at may be gained in a measure; but to our mind a science of such vast importance and research cannot be fully appreciated by the author or by the public when not more than half a dozen pages are devoted to each subject. Still what he has to say is concisely put, and shows that he has well informed himself about his profession as far as books are concerned.

The *popular* aspect of dentistry is well presented, and the hints respecting the care of the teeth will, without doubt, contribute to their preservation; we hope, indeed, with the author that it will give the community a better appreciation of these organs and of the profession which makes their preservation a specialty; and that he has failed in realizing the egotism implied in the distich with which he closes his volume:—

> "'Tis pleasure sure to see one's name in print;
> A book's a book, although there's nothing in't."

Odd Hours of a Physician. By John Darby, M.D. Philadelphia: J. B. Lippincott & Co. 1871. Pp. 256.

This is a very well written little book and contains much that is of interest, not

only to the physician, but also to those who are commencing the study of medicine. The author has a pleasant, genial style, a plain way of stating facts and communicating information which is very agreeable. He evidently has read much, thought a great deal, and has also been an accurate observer of human nature. The book is rightly named Odd Hours, and although it is not quite equal to its prototype, Spare Hours, by John Brown, still it is just such a book as one likes to read during leisure moments. It is difficult to say which of the essays in this book is the best, as they are so very different and so well adapted to the varied moods of a person's mind. The book is very neatly bound, and the paper and type are excellent. J.

The Anatomical Remembrancer, or Complete Pocket Anatomist; containing a Concise Description of the Structure of the Human Body. Third Edition, with Corrections and Additions. By C. E. Isaacs, M.D. New York: Wm. Wood & Co. 1871.

The outlines of anatomy in small space, and a handy work for the student.

Essentials of the Principles and Practice of Medicine. A Handbook for Students and Practitioners. By Henry Hartshorne, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, &c. Third Edition. Philadelphia: Henry C. Lea. 1871.

This little epitome of medical knowledge has already been noticed by us. It is a vade mecum of value, including in a short space most of what is essential in the science and practice of medicine. The third edition is well up to the present day in the modern methods of treatment and in the use of newly discovered drugs.

Medical and Surgical Journal.

Boston: Thursday, October 19, 1871.

THE PROPOSED LUNATIC HOSPITAL.

The Board of Directors of Public Institutions of the city of Boston have placed before the City Council a statement relating to new accommodations for the insane, the poor and the city criminals, a copy of which we find on our table; this statement was drawn up in order to give a general knowledge of the subjects under discussion before the Council: the first topic mentioned especially concerns medical men.

The Board of Directors, who have for years carefully studied the wants of our charitable institutions, review at some length the history of insane asylums in our State and City. Previous to the year 1833, the only provision for the care of this unfortunate class throughout the State was afforded by the Massachusetts General Hospital, which, in 1818, opened a department for that purpose, under the title of the McLean Asylum. In 1833, the State Lunatic Hospital at Worcester was opened. In 1837, Mayor Eliot reported that the city insane who, previous to that time, had been accommodated in the public institutions, should, in common humanity, have, not a *receptacle* for their treatment, but a *hospital*.

In those early days it was formally declared to be the binding duty and settled policy of the city to organize and maintain within its limits a hospital for the insane. In 1839, the building was completed and devoted to its use. In 1846, the hospital was found to be inadequate to the increasing needs of the community, and its capacity was doubled. Again, in 1853, it was filled to its utmost capacity, and, in his annual address, Mayor Seaver approved the project of erecting a new hospital for the insane without the city limits. A joint special committee of the government, in their report at that time, made the following statement:—

"The growth of our city and the excitement in which we live seem rapidly to increase the number of cases of insanity, and call upon us in the most imperative manner to provide all the remedial means in our power for its amelioration and cure. The committee cannot but think that any unnecessary delay in the prosecution of the object will be an act of cruelty to many deserving persons, and they are confident that any judicious measures that the city council may adopt to supply the existing pressing want for additional accommodations for the insane will meet the cordial approbation of the people of Boston." The same committee, in a subsequent report upon the location, say, "Boston, which has heretofore been first in all its appointments

for the relief of human suffering, is, in this particular, far behind many of her sister cities, and she cannot be just to her high character and the Christian sentiment of humanity till she has a first-class hospital for the insane. The *people* of Boston have never failed to approve of the establishment of any necessary institution for the alleviation of human misery. Such a necessity now exists, and the committee commit the subject to the wise consideration of the city council, with the hope that the proper preliminary measures may, without unnecessary delay, be adopted to accomplish the object." At this juncture the State Hospital at Taunton was completed, and a few years later that at Northampton, and the State pauper insane were removed to those institutions, by which movement the city asylum was relieved of its burden for a time. In 1861, "the directors addressed themselves to the duty of supplying the deficiencies that so seriously impaired the successful working of the hospital. It was no longer what the citizens of Boston meant it to be—'*a suitable place for the insane*,' which should '*furnish ample accommodations for this unfortunate class.*' It was no longer worthy of her (Boston's) high character and the Christian sentiment of humanity.'" "In the fall of 1861, the venerable Judge Rogers, in a communication to the Board of Aldermen, used the following language: 'But some things are wanting which should be found in a charitable institution, even if supported by taxation. There ought to be sufficient room, of more convenient construction, more air, and better ventilation. The rooms are too low, and the building needs many comforts and conveniences which have been introduced into similar buildings since this was built, and have now become common. A great change has taken place in the treatment of the insane, since the erection of this building. Less confinement in cells, less personal restraints, more gentle methods of treatment, and more general liberty. All these changes make it necessary to have more room. A building is not economical, unless it promotes the cure and dismission of patients in the shortest time; and thus more patients are cured at the same expense. It ought also to produce the earliest and greatest improvement, where a perfect cure cannot be obtained. Without sufficient room and an abundance of good air, how can these effects be produced?'"

Successive Boards of Directors urged the consideration of the subject on the City Government each year until 1865, in which year, having devoted a whole summer to the examination of localities—more than one hundred in number—the Board reduced the number of desirable sites to three, and, finally, after receiving the coöperation of well-known experts in the care and treatment of the insane, they selected as the most desirable of all, the estate since known as the Winthrop Farm, in the town of Winthrop, five miles from the city. All of these experts carefully considered the objections which were raised to the site; all of them made up their minds with great deliberation and without consultation; all of them understood that their assistance in making a selection was desired, not their approval of one already made. Subsequently, a committee from the Association of Superintendents of Hospitals for the Insane visited the Winthrop Farm, and made their report. With singular unanimity, all of these acknowledged experts approved of the site suggested as a location unusually well adapted by nature to the requirements of a hospital for the insane. In brief, the estate was bonded, and is now the property of the city; the City Council made appropriations to carry out the design; but in 1869 the order for the immediate erection of the buildings, which passed both branches of the City Council, failed to receive the Mayor's official sanction.

In this way an abstract has been given of the history of the project for a new hospital, which the Board of Directors have again laid before the City Government, with a recommendation for renewed action in the premises. They believe that humanity, liberality and public spirit alike demand, what it is certainly the right of the insane to receive and the duty of the city to provide, increased and improved hospital accommodations.

In 1869, at the time of the veto of the project for the establishment of the asylum at Winthrop, the views of a number of the most respected physicians of Boston was obtained. The opinion of most of these gentlemen was adverse to the plan proposed by the Directors and sanctioned by the medical men interested in the care of insane patients.

It is to be presumed that the opinions expressed by these gentlemen were sincere, and *given only after a personal inspection of the locality*; otherwise, of course, they go for nothing.

An expert in this specialty, not personally interested in the movement, writing to us within a few weeks, thus gives his views on the subject:—

"It has not been considered that this class [the insane] have *legal* as well as *moral* claims to the best opportunities for treatment. * * * It is now conceded by everybody that the present building is unfit for the care of the insane; that it cannot be made so on its present grounds. The efficiency of the hospital is seriously impaired by overcrowding, want of ventilation and absence of classification. Without exaggeration, the condition of some of the wards is such as would call for the interference of the State Board of Health, if it existed outside of a public institution, and, as for the two or three acres of garden, one can judge of the facilities for working and walking they afford to 240 inmates of both sexes, of different grades, requiring to be kept distinct, out of doors, as well as in. If these patients were so many trees, there would not be room to set them out.

"The chief objection offered by the opponents of a new hospital is in respect of the site at Winthrop. That this location is preëminently healthy, the history of Rainsford, Gallop's and Deer Islands will show conclusively. The air is pure and bracing; the soil dry and porous; the temperature is more uniform, by from 5° to 10°, than at the city, and the spring a fortnight earlier. It is warmer in winter and cooler in summer. The winds are strong, but no more so than on any hill near Boston, or even at the present location, which is exposed to the full force of the east winds from the water. * * * It is not so high by a hundred feet or more as Winter Hill, Somerville, which is inhabited by citizens enthusiastic for its healthfulness; it is no more exposed than Powder Horn Hill in Chelsea, which the Cary Improvement Company are now selling for permanent residences; nor is it more difficult of access, while the soil is far better. Orchards abound at Winthrop, and trees are found on this very farm, where it is said they will not grow.

"All the objections to this site are superficial, and exist rather as personal prejudices in the minds of the objectors than as matters of fact. The attempt to find a location at the Highlands or in Dorchester was made *before* Winthrop was thought of. The latter being away from the path of civic progress countrywards did not at first attract attention, and for the same reason seems to some undesirable. In fact, this is one of its advantages. It is simply impossible to find a site in the limits of Suffolk County so desirable, and to go outside these limits would be to make the hospital difficult of access, and to lose that permanent isolation from troublesome surroundings which is a necessity."

A visitor to the Boston Lunatic Hospital to-day will find a brick building which can accommodate, *when full*, 180 patients; it now contains 247. It is situated on a lot of land with nine feet to spare between its end wall and the wall belonging to the House of Correction on one side, and about the same distance from the extensive marine boiler works of Mr. Loring on the other: between two and three acres of land, divided into *pens*, furnish all the breathing and exercise space for 247 patients: dormitories of 15×30 feet contain 18 beds, giving an air-space of something like 250 cubic feet to each inmate, and the other rooms are no better; mania, melancholia, epilepsy and the other phases of disordered mind are all treated in the same halls, and the patients of these various classes are necessarily and constantly in each other's company. As a consequence of the restricted quarters, violent cases are confined in *very* small rooms and without *any* means of heating or ventilating the apartments; no private rooms can be furnished, or any means for accommodating those who can pay their board, either in part or whole. Such are some of the *facts* which thrust themselves on the notice of every visitor, and which make it painfully apparent that the city needs larger and more improved accommodations for its insane patients.

MICROSCOPICAL EXAMINATION OF RECENT DISCHARGES FROM CHOLERA PATIENTS.

In the *Petersburg Medical Journal* occurs the result of a series of observations by Dr. Lösch on the excreta of cholera patients, from which we make the following abstract:—

Certain investigators, in 1866, found a number of microscopic fungi in the excrement of cholera patients, and believed this to be the cause of the disease. Their examinations were made, however, after the excrement had stood some hours.

Lösch made his examinations at the latest 2–3 minutes after the passage of the discharge. The patient was in the asphyxiated period; there was vomiting, with diarrhœa, pain in the abdomen, cramp in arms and legs; pulse scarcely perceptible; skin of face, hands and feet, cold and bluish. The discharge was liquid, of a dirty white color, almost without odor. On standing, two layers separated; an upper—quite liquid, turbid, resembling water mixed with milk; and a lower—composed of whitish, semi-transparent flakes and finely granular masses. The latter consisted of—

1. A great number of oval and short organisms, of .006 to .008 mmr. in size, having a rapid and irregular motion. Among these were seen other monads, having a body, and an outgrowth or tail two or three times the length of the body and kept in continual motion. The body could not be clearly defined, as it seemed formed of a translucent protoplasm, without sharply-defined contour, and in its rapid motion was sometimes round, sometimes oval, and at times elongated. In most of these organisms was a moderately large, round, sharply-defined nucleus; an enveloping sac or a mouth could not be seen. This monad was recognized as Cercomonas intestinalis or a monad resembling that. Their number was quite large; with a magnifying power of 600, 10–15 could be seen in one field, and in a small drop of the size of a pin's head, some hundreds were to be counted. This same discharge was examined two hours later, and none of these monads could be found in motion; the tail had disappeared and the body was formless, angular and cylindrical; the nucleus was still visible, but seemed larger and as if undergoing fatty degeneration; with stronger powers it was recognized as an encysted monad.

2. A variety of monads, in very much smaller numbers than the previous: such as Monas crepusculum, &c., different vibrios, especially Vibriona lineola and V. undula.

3. A large number of vegetable parasites in different stages of development; such as Micrococcus, partly in the form of scarcely recognizable, wandering or immovable bodies, partly in the form of granules, with distinct outline and clear contents. The latter were seen scattered singly or in groups. Beside these, rosary-like Mycothrices of varying length, formed of 3–4 and also of 40–50 joints; the separate joints were round, oval or cylindrical, with rounded ends. Cryptococcus and Oidium were only occasionally found. More frequently large, round cells (.010–.014 mm.), with double sharply defined outline, were found, with contents of whitish yellow color and in the process of division. Remains of food, fat and detritus (?) were seen only in small amount, while cylinder epithelium, pus, mucus and blood corpuscles were not present. The fungi were cultivated and found to be Penicillium crustaceum and Mucor mucedo, which may be found in normal excrement.

Lösch is of opinion that these parasites may easily be supposed, from their large numbers, to irritate the mucous membrane and cause the destruction of the intestine and thus excite the entire cholera process; yet it must be remembered that these parasites are found also in ordinary catarrh and in the fæces of perfectly healthy men. It may perhaps form only an accidental and unimportant part of the cholera excrement, and appear in such large numbers only because the cholera process is favorable to their growth.

THE SPHERE, RIGHTS AND OBLIGATIONS OF MEDICAL EXPERTS.

In an elaborate article under the above caption, in the July number of the *Journal of Psychological Medicine*, Dr. James J. O'Dea, of New York, treats of this always important, but ill-understood subject. We would like to transcribe the whole of this interesting paper, but our limits enable us to furnish only a brief abstract, while we warmly recommend to our readers the perusal of the original article.

The author defines a medical expert as one specially qualified by scientific training to give opinions on facts having a medical nature and bearing; thus excluding, of course, all irregular practitioners, and discriminating also between members of the regular profession, not only as regards special fitness, but in the interests of justice and of the professional reputation. He would distinguish, also, between medical witnesses who testify to general medical facts and who give opinions based on the general principles of medicine, and medical-expert witnesses who testify to special medical facts, and whose opinions are based on special experience and study.

Expert testimony begins where ordinary testimony ends. The expert delivers opinions not only on the facts he has himself observed, but on such as other witnesses have stated under oath. On this account, the limitations of his sphere are strict, and the rules by which he is to be guided in giving evidence are well defined by law and precedent. Some of these are as follows:—

"A medical witness is not allowed to express an opinion on facts requiring no special knowledge for their comprehension. He is not allowed to base an opinion on the opinion of another expert. His opinion should be formed on a personal examination, not on the report of another physician."

Among the rights of the medical expert the author places first that of claiming a just and reasonable compensation for his opinions as elicited on the witness-stand. He disclaims for physicians any mercenary motive in this respect, and says, on the contrary, "the ordinary compensation is not sufficient of itself to tempt any member of the profession to undergo the slow torture of a trial and the law's delays." The rule is laid down incidentally that the "fee should be stipulated for before the opinion is given or the cross-examination begins, for, once it is allowed to pass into the *res gestæ* of the trial without this proviso, the witness ceases to have any right of property over it."

Again, the witness has a right to the courtesy of counsel, and very just criticisms are made by the author on the often immoderate and unfair manner of examination. The right to require intelligibility in the questions asked and the right to use memoranda in court are also discussed.

In alluding to the physician's obligations with respect to the courts, the writer thinks the best course to be, obedience to subpœnas as in the case of ordinary witnesses. As exponents of the dignity and advancement of medical science, the medical expert should bring not only a knowledge of the fundamental elements of the subject in hand, but also of the most recent ideas. The author laments the superficial and wholly inefficient knowledge of legal medicine possessed by recent graduates of medical schools; attributing this deficiency to the lame methods of teaching hitherto adopted, he finds a remedy for it in a plan for a special school of legal medicine, "alive to the medico-legal issues of the day, with its morgue, its laboratory, its appliances, its medical and law libraries, its physicians to teach the fundamental branches of medicine and its lawyers to expound the elementary principles of jurisprudence." He eloquently favors a reform in the office of coroner, arguing that the coroner should be a physician, and one, too, who is specially trained and fitted by natural qualifications for the position. In view of the embarrassing position often occupied by physicians on the witness-stand as experts, and for the sake of impartiality in their testimony, the suggestion is made that in such cases the witness be summoned and examined by the court; such a system, it is believed, would relieve the examination of expert witnesses of many of its notoriously bad features, and would obviously advance the ends of justice.

The article closes with an analysis of the medical expert's obligations in trials for malpractice. Most sincerely deprecating such trials as in the vast majority of cases instigated by unworthy motives, the author urges the necessity of the most consummate caution in the expression of opinions in court and out of it, and forcibly defines the responsibilities and the liabilities which are peculiar to physicians and especially to surgeons in their relations with their patients and their fellows.

THE SALE OF DIPLOMAS.

We have already taken pleasure in adding our word in order to secure the discomfiture of certain scoundrels in Philadelphia engaged in the manfacture and sale of diplomas. How such a bogus establishment as the "University" they represent ever got an existence it is hard to say; but certain it is that during its short existence—for happily it has at last been crushed—it succeeded in furnishing diplomas to hundreds of credulous or perhaps designing persons in our own country and in Europe.

The greatest sufferers by the fraud have perhaps been the officers of the University of Pennsylvania, who, from the similarity of name, have been mistaken for the "American University of Philadelphia," by which name the bogus institution was known. The *Philadelphia Evening Bulletin* publishes a circular issued by the University of Pennsylvania; we gladly repeat it, and hope that our foreign exchanges will copy it for the information of those who have been misled by the fraudulent advertisements alluded to.

"So wide spread is this contemptible and now unlawful traffic, that the officers of the University of Pennsylvania are fairly persecuted with letters of inquiry from Europe and from this country concerning these advertisements and applications for the supposed sale of its degrees. Of course, any one who really knows anything about that school knows that it would be as easy to buy the moon as to buy a degree from the University of Pennsylvania. But the "University of Philadelphia" so closely resembles it in name that the trick is easily played; and the authorities of the genuine University of Pennsylvania have at last, in self-defence, found it necessary to set forth the following circular as an answer to all applications for its honorary degrees. The circular embodies not only the regulations of the University, but the law of the State of Pennsylvania, which makes this traffic in diplomas a misdemeanor, with a penalty of fine and imprisonment:—

"University of Pennsylvania, Philadelphia, September, 1871.—Frequent applications are made to the authorities of this University by gentlemen who desire to obtain Honorary Degrees. As these applications are made in evident ignorance of the rules which govern the University in conferring these degrees, as well as the law of the State of Pennsylvania on the subject, it has been thought best to reprint the existing regulations.

[Extract from the Statutes of the University.]

"'Of Honorary Degrees in Divinity, Law, Arts and Medicine.

"'1. These may be conferred either at the instance of the Faculty, or in pursuance of a resolution of the Board of Trustees; but no such Degree shall be conferred unless the *mandamus* ordering the same be signed by two-thirds of the whole number of Trustees, nor unless the candidate shall have been nominated at the Board three months previously to taking the question on conferring the degree.

"'2. The question on conferring an Honorary Degree shall always be decided by ballot, and the candidate must receive a unanimous vote.'

"An Act to Prohibit the Sale of Academic Degrees.

"Section 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same,* That it shall not be lawful for any University, College, or other institution incorporated under the laws of this State with power to grant Academic Degrees, honorary or otherwise, to confer the same upon any person or persons upon the payment or promise of payment by any person in consideration thereof; and any person knowingly signing a diploma or other instrument of writing purporting to confer an Academic Degree when such consideration has been paid or promised to be paid, shall be guilty of a misdemeanor, and on conviction thereof be sentenced to pay a fine not exceeding five hundred dollars, and to undergo an imprisonment not exceeding six months, or both, or either, at the discretion of the court.

Approved May 19th, 1871."

Case of Menstruation in a Woman aged Sixty-four Years. By Thomas R. Dupuis, M.D., F.R.C.P.S.K., Odessa, Ont.—Aberrations of this kind occur occasionally; they differ from those cases of prolonged menstrual period, which are more frequent, and which most physicians meet with, and have on account of their rarity and peculiar nature a claim to a passing notice.

Even this summer I have attended a woman with menorrhagia, over 56 years of age, and from statistics we learn that per-

haps one or two in a hundred may retain this function up to 50, 60, and even 70 years of age, the proportion growing less with the increase of years.

This lady, however, had ceased to menstruate between the ages of 45 and 50, and had no symptoms of any return of the catamenia from that time till the period of the discharge here referred to, March 26th, 1871, she being then about 64 years of age. She is a ruddy, fleshy woman, with a tendency to vascular fulness, and has always enjoyed good health, excepting a slight attack of hemiplegia of a few months duration, that occurred to her about three years ago.

At the time of which I am now writing, she had been visiting a neighbor, who was about dying from pulmonary consumption, and who died while she was present, rather more suddenly than had been looked for. This occurrence startled her somewhat, and after going home, she was the same day taken with her "turns" as she expressed it, "as naturally as she had ever been in her life." She menstruated for three or four days, and the discharge ceased as naturally as it began. Her husband came to me in considerable alarm, and I, supposing it to be from fright, assured him there was no danger. Since then I have investigated the case more fully, and have found no trace of organic disease, no leucorrhœa, and no abnormal feelings or manifestations of the organs of generation. This uncommon phenomenon resulted, no doubt, from the sudden shock of her nervous system, coupled with her very full habit of body, and the weakness of the coats of the capillary vessels of the uterus; the same connection of circumstances which acting on the brain, had produced the hemiplegia from which she had previously suffered.

I saw her on the 9th inst., and up to this time she had had no signs of any return of the catamenia.—*Canada Lancet.*

Ipecac in Dysentery.—The employment of this drug in the treatment of dysentery finds an enthusiastic advocate in Dr. W. C. Maclean, of the Royal Victoria Hospital, Netley. In a letter to the *Lancet* he condemns, in positive terms, the plan of treatment pursued by Dr. Wibel and others at the Bavarian Field Hospital, near Nancy, during the late war—viz., opium, tannic acid, morphia, calomel, and various methods for allaying pain.

He asserts that ipecac has met with unequivocal success in India, as shown by the statistics of the British army.

There is no period of the disease, nor special condition of the patient, contra-indicating its employment. Even when a patient has been much reduced by days of illness, frequent stools, and the agonizing pain of tormina and tenesmus, it will be safe to give the remedy in full doses—in scruple and half-drachm doses.

The above accords with the experience of those physicians in this city and elsewhere in this State who have given ipecac boldly in the malarial dysentery that occurs in the spring, summer and fall, in every miasmatic region.

The use of calomel, which was once so general, proves to be, in the majority of cases, really damaging.

Milk diet is accepted by Dr. Maclean as the best; and the analyst would add, that buttermilk recently churned and given in definite quantities at regular intervals will, almost without exception, prove a grateful and sustaining diet.

Dr. I. S. Warren, lately a resident graduate, furnishes the following as the mode of administering ipecac in dysentery in the Louisville City Marine Hospital, Louisville, Kentucky:—

Apply a large mustard plaster over the epigastrium, and let it remain until it begins to burn, then begin with half-drachm doses, to be given every half hour, either in a bolus or the dry powder; the patient allowed just enough water to wash it down. Four doses are generally enough to effect a cure. This was the mode in which the acute cases were treated. In chronic cases, we had good effects from the following prescription:—

Vin. ipecac;
Tr. nux. vom., aa, ℥ij. M.

Sig.—Twenty drops three times, daily, either before or after meals, as it best agrees with the patient. One patient, who had taken everything that is usually given in dysentery, was completely cured by the ipecac and tr. nux. vom.

The effect of the remedy is to produce temporary catharsis, which can easily be controlled.—*Richmond and Louisville Med. Journal.*

Luxation of the Semi-lunar Bone.—Mr. Erichsen reports one case only, and that was one of luxation upon the dorsal aspect of the wrist. A few cases of compound luxations of the semi-lunar bone have been from time to time reported, but none corresponding to that reported in the *Baltimore Med. Jour.* by C. G. Stone.—*Med. Record.*

Medical Miscellany.

Dr. N. S. Davis, of Chicago.—As we are about going to press we have received the following letter from Dr. Davis, to which we gladly give a place, assuring him and our other medical brethren in Chicago that they have the cordial sympathy of the profession in New England in the calamity which has befallen their city. We regret to learn that the number of the *Chicago Medical Examiner* for October was burned in the printing office when nearly ready for delivery. The subscription books and all business records are safe in the Editors' hands. The lost number will be supplied at once.

Chicago, Ill., Oct. 14th, 1871.

Francis H. Brown, M.D. Dear Sir,—Your very kind letter was received yesterday. I hasten to thank you in behalf of the profession here for the prompt expression of sympathy and liberal aid by the profession and citizens of Boston, and, indeed, everywhere. My residence is uninjured by the fire, and I am able to make not only my own family comfortable, but also my son-in-law, with his little group, who were turned out of their house with only what they had on their backs.

With gratitude I say that for myself and *mine*, I have enough left, and am only anxious to help others. There are several physicians who have been stripped of *everything* but a single suit of clothes upon their backs. If members of the profession in Boston and elsewhere could contribute a small sum each, and commit it to my care for the special purpose of aiding such, I would see that it was properly used and return *vouchers* for the same. I am already engaged in trying to find the destitute physicians, so as to know who they are and to what extent they need aid.

With many thanks I remain yours truly,

N. S. Davis.

Appointment.—Dr. W. L. Richardson has been appointed by the Board of Overseers Instructor in Obstetrics in Harvard Medical School.

Dr. J. J. B. Vermyne, of New Bedford (late of Holland), a member of the Massachusetts Medical Society, has received from M. Jules Favre the "Cross of the Legion of Honor" for services rendered in the late war as surgeon-in-chief of the Dutch Ambulance Corps, at Sedan and Bordeaux.

Death from Methylene.—A recent number of the *Oxford Chronicle* reports a fatal case in the Radcliffe Infirmary, Oxford. The patient, a married woman, aged 44, was about to undergo an operation for cancer of the breast. Bichloride of methylene was administered by the dispenser of the Infirmary, in the presence of the house-surgeon and one of the surgeons, on a flannel bag. After two or three convulsive gasps, the patient expired. The quantity administered was small. Artificial respiration was practised, and other means of restoration, but without success.—*Brit. Medical Journal.*

A Migratory Testis.—A patient, 27 years of age, had chronic dysentery. Examination revealed a small pyriform tumor in the left inguinal region, the manipulation of which caused nausea and faintness. The discovery of but one testis led to the following history:—In 1857, while trimming trees, he fell astride of a limb, thence fainting to the ground. For a few days the scrotum, unlacerated, was exceedingly sensitive, and the inguinal tract of the left side was quite painful. Three days after the fall, the reduction of swelling and pain permitted a close examination, when the absence of the left testis was ascertained. No ill effects followed. He entered the line during the war and marched without inconvenience. During 1865 a tumor appeared occasionally at the internal ring, but was in exercise retracted. Of late the tumor has descended almost through the external abdominal opening, accompanied by a dragging dull pain; it corresponds in size, density and sensitiveness with the right testis. The canal will admit the finger. There is no cicatrix on the scrotum.—*Cincinnati Lancet & Observer.*

To Correspondents.—Communications accepted:—On the Protection acquired by the Human Skin and other Tissues against the Action of certain Animal Poisons after repeated Inoculations.—Subinvolution of the Uterus.

Deaths in seventen Cities and Towns of Massachusetts for the week ending Oct. 14, 1871.

Cities and Towns.	*No. of Deaths.*
Boston	111
Charlestown	14
Worcester	30
Lowell	22
Chelsea	8
Cambridge	18
Salem	6
Lawrence	5
Springfield	4
Lynn	14
Fitchburg	1
Taunton	5
Newburyport	6
Somerville	10
Fall River	18
Haverhill	6
Holyoke	2
	280

Prevalent Diseases.	
Consumption	38
Typhoid fever	28
Cholera infantum	20
Smallpox	12
Scarlet fever	10
Croup	6

The deaths from smallpox were all in Lowell. Eleven of the deaths from typhoid fever were in Boston, and five in Worcester.

George Derby, M.D.,
Secretary of State Board of Health.

Deaths in Boston for the week ending Saturday, Oct. 14th, 111. Males, 51; females, 60. Accident, 1—abscess, 1—apoplexy, 1—aneurism, 1—anæmia, 1—inflammation of the bowels, 1—disease of the bowels, 1—bronchitis, 1—disease of the brain, 4—cancer, 3—cholera infantum, 8—consumption, 13—convulsions, 1—croup, 2—cyanosis, 2—debility, 2—dropsy, 1—dropsy of brain, 2—drowned, 1—dysentery, 2—erysipelas, 1—scarlet fever, 2—typhoid fever, 11—disease of the heart, 4—infantile, 5—intemperance, 3—disease of the kidneys, 4—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 8—old age, 3—paralysis, 3—premature birth, 2—puerperal diseases, 2—thrush, 1—whooping cough, 1—unknown, 4.

Under 5 years of age, 45—between 5 and 20 years, 11—between 20 and 40 years, 21—between 40 and 60 years, 16—above 60 years, 18. Born in the United States, 86—Ireland, 18—other places, 7.